MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35546
Do not use this space.

NOV 20 1939

1. PLACE OF DEATH

(a) County Buchanan — Registration District No. 85

(b) Township — Primary Registration District No. 1001 — Registered No. 1065

(c) or City St. Joseph — (d) Street No. 3101 Edmond St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 67 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Cozine Pinger

(a) Residence, No. 3101 Edmond St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna C. Pinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 27, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mail Carrier

9. Industry or business in which work was done, as saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) March, 1937

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME John Pinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

MOTHER

15. MAIDEN NAME Elizabeth Cozine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elizabethtown, New Jersey

17. INFORMANT (ADDRESS) Anna C. Pinger 3101 Edmond, St. Joseph, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ St. Joseph, Missouri
PLACE Mt. Mora Cemetery DATE October 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter Meierhoffer 1302 Faraon St., St. Joseph, Missouri

20. FILED Oct. 19, 1939 H. J. Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1939, to Oct. 17, 1939
I last saw him alive on Oct. 16, 1939. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~[illegible]~~	
Chronic Myocarditis	
Dorsfay 93C	

Other contributory causes of importance:
Chronic Myocarditis
Hypertension general
Arteriosclerosis general

Name of operation — Date of —
What test confirmed diagnosis? Physical findings — Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) A. E. [illegible] M. D.
(Address) Kirkpatrick Bldg., St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed W. H. Kelly

Licensed Embalmer No. Mo. 3943

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.